# MANUAL ON THE "SECRET CLIENT" METHODOLOGY

## FOR ASSESSING THE QUALITY OF THE SERVICES RELATED TO HIV TREATMENT AND PREVENTION AMONG MSM AND TRANS PEOPLE

ECOM
Eurasian Coalition on Male Health

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*The manual covers one of the most popular methodologies for quality assessment - the "Secret Client" methodology - as a community-based monitoring instrument.*

The following main sources were utilized while this manual was created:

- Mystery Shopping Providers Association. Guidelines for Mystery Shopping, 2011 [1]
- Juha Öörni. Introduction to Mystery Shopping: How to Become a Mystery Shopper & How to Make Money As Mystery Shopper, 2017 [2]
- Peggy Wallace. Coaching Standardized Patients: For Use in the Assessment of Clinical Competence, 2007 [3]
- Algorithm for Conducting Voluntary Consultation and Testing for HIV-Infection (protocol), approved by the Ministry of Healthcare of Ukraine's Warrant №415, dated August 19, 2005, "On Enhancement of Voluntary Consultation and Testing for HIV-Infection"(with further alterations introduced by the Decree of the Ministry of Healthcare of Ukraine №114, dated February 14, 2012, "On Organising the Provision of Services of Consultation and Testing for HIV-Infection, Hepatitis B and C, Sexually Transmitted Diseases in Mobile Stations and OPDs.

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# List of Abbreviations

| | |
|---|---|
| **HIV** | Human immunodeficiency virus |
| **VCT** | Voluntary counseling and testing/ |
| | Pre-testing consultation and testing |
| **EKOM** | Eurasian Coalition on Male Health |
| **IEM** | Informational-educational materials |
| **IFA** | Immunoferment analysis |
| **LGBT** | Lesbian, gay, bisexual and trans people |
| **PLHIV** | People living with HIV |
| **MSC** | The "Secret Client" Method |
| **MSM** | Men who have sex with men |
| **NGO** | Non-governmental organisation |
| **PCR** | Polymerase chain reaction |
| **AIDS** | Acquired immunodeficiency syndrome |
| **SC** | Secret client |
| **Trans person** | Describes the person who identifies themselves as transgender, non-binary or gender-nonconforming, including but not limited to transsexual, queer, genderfluid, non-binary, agender, bigender. |

# Introduction

The quality of services related to the HIV-infection (HIV-services) is the most important constituent of the systematic approach to overcoming the epidemic of the given disease. Qualitative and accessible services that are independent of any manifestations of stigma and discrimination are a mandatory part of the success of fighting the HIV-infection epidemic, especially in vulnerable key groups for the HIV epidemic, including gay, bisexual, other men who have sex with men and trans people.

The assessment of the quality of services with a consequential integration of activities for their perfection is an inalienable part of the system of ensuring the quality of services. There are many diverse methods for measuring the quality of services, starting with appraising the policies and procedures and ending with direct observation of the provision of separate services. Among the said methods, the "Secret Client" method has its own place, as well.

The "Secret Shopper/Consumer/Client" method is a highly popular method in business that is used to assess the quality of provided services. The method was widely integrated practically in the US at the beginning of the 1940s as a method of assessing the employees' honesty. At present, this method has become a whole industry on a global scale. Notably, the market for providing the secret shopping services estimated at $600 million in the U.S. alone in 2004; 8 million of such purchases were made in a single year. The ones turning to this method most frequently are the representatives of companies that work in retail, banks, financial organisations, and fast-food [4]. Approximately 50 thousand secret purchases are concluded in the UK every month [5].

The MSC is actively used in the healthcare field, as well. In healthcare, the said method (in literature, the MSC in the healthcare field is also called Incognito or unannounced simulated patient) was used for diverse purposes, [6], [7], for instance:

- assessment of accessibility and quality of primary medical assistance [8], of mental health facilities [9]
- assessment of conformity to legislative limitations on selling tobacco goods [10] and alcohol [11]
- assessment of the quality of pharmaceutical services [12], [13], [14], [15]
- assessment of the quality of information campaigns [16]
- and others.

In the HIV field, the said method was used to assess the quality of consultation and testing services. For example, José A. Bauermeister et al., 2017 [17] used the MSC to appraise the quality of HIV/STDs testing services for young gay and bisexual men. Five secret clients conducted an assessment of 43 testing points in South Michigan, appraising the services in several directions:

1) External characteristics
    a) how the meeting was planned
    b) how long the expectation to visit the provider (services provider) lasted
    c) the duration of the clinical attendance
    d) proximity of the testing point to the nearest bus stop.

2) Testing point's characteristics
   a) accessibility of materials for the youth and LGBT
   b) the facility's environment
   c) conditions for ensuring confidentiality and privacy
3) Characteristics of conversing with the services provider
   a) provider's speculation about the context of a given relationship, testing, and consultation
   b) provider's recommendation about sexual education
   c) negative reaction to the client's behavior for finding partners
4) General qualitative impression of the site
   a) how they felt at the testing point and during the conversation with the site's provider
   b) everything that was noticed during the visit, whether it was positive or negative, and any other information, which was visioned as related to the experience that had not been covered by the qualitative assessment yet.

Subsequently, the research studied the data on the services' quality, which covered logistics, quality of the environment, the professional element of the service, as well as the subjective data of the clients' satisfaction (which, frankly, goes outside the MSC's limits).

In 1998, the Mystery Shopping Providers Association (MSPA) was founded, which, currently, includes more than 450 companies that offer services related to the organisation and administration of the given assessment method [18]. The Association has three regional divisions - North and South America, Europe/Africa, Asia/Pacific. Each of the regional divisions, including the European-African one, develops their own standards of conducting the MSC and their own codes of ethics. Guidelines for Mystery Shopping 2011 are in force on the territory of Europe. [1]

# Principles of the "Secret Client" Method

The MSPA Guidelines define MSC as "using individuals who underwent training/ instruction for testing and measuring the correspondence of any processes of serving the clients who act as potential clients and provide a detailed objective feedback regarding such an experience in a certain way" [1].

That definition reflects the main principles of conducting the MSC:

- trained clients are used
- an assessment of specific processes related to serving the clients in accordance with certain standards is conducted
- the trained member acts in real circumstances of receiving the service, acting as a real client
- the client compiles a detailed report, which is usually based on a standardized questionnaire,
- the assessment is provided in the most objective way.

It is plausible to focus on the last principle in more details. During the preparation and administration of the MSC, two notions should be distinguished clearly: "quality of services" and "client's satisfaction." Although it may seem that both notions are close and tightly connected, in essence, they are two different issues that characterise the object (service) from totally different angles. While speaking of the service's quality, its adherence to standards, we understand the **objective conformity of the provision of the service with specific, clear, priory established standards** with which the service provider is acquainted. For example, the standard "polite interaction with the client" implies that:

- the providers addresses the client (acceptable respectful talking in a given society)
- the provider sits/stands (a posture that is considered respectful regarding the interlocutor in a given society)
- the provider does not interrupt the client
- the provider explains the details of the service/good in peculiarities to the client, answering all questions and repeating the explanations until the client does not confirm that they understood all the explained details, etc.

To find out about the standards development more, see the chapter "Questionnaire Development."

The assessment of quality is objective, in other words, it does not depend on the individual who conducts the appraisal since it is specifically the descriptions of the correspondence of provider's actions to established standards that is given.

At the same time, client's satisfaction is a subjective measurement by the client themselves of **the correspondence of the provided service to their impression about how such a service is to be provided**. The client's impression about the service is a product of their knowledge, life experience that preceded the reception of similar services, etc. That being said, the client's impression about the service may totally stray away from the standards established for the given service.

Levels of satisfaction from a specific service may dramatically differ for different clients. For instance, one client thinks that the pre-testing consultation on HIV should last not less than 20-30 minutes and should engulf all aspects of the HIV-infection, risk assessment, recommendations for behavior in diverse life situations, etc. Another client may think that all people are well-enough informed about the HIV-infection and expect that the pre-testing consulting should last not more than 1-2 minutes and include maximum information. It becomes apparent that both of the clients will evaluate the service, which has been provided in accordance with the standards, differently.

Moreover, since the emotional reaction to the provided service is implied, the assessment will be influenced by multiple other factors: client's well-being, preceding events (bad sleep, conflict at the office, a long trip in an overcrowded public transport, any other event that has influenced the client's emotional state). Therefore, the assessment of the client's satisfaction will always be subjective.

Nonetheless, since it is exactly the client's satisfaction that will be detrimental in defining whether they will use the service next time, service providers have to try and study or form the impression about a certain service in their clientele, and they should also make its reception as comfortable emotionally and psychologically as possible. And if the standards of the service's provision correspond to the client's impression about it - only in this case, - then in such a case the strict adherence to standards will lead to the increase in customer satisfaction.

The utilization of MSC is based on the following technical principles [1]:

- Volume: unlike in marketing research, the MSC does not require the representational qualities of such clients, i.e. the recruitment of secret clients is not limited to demands about the suitability of the executioners of secret purchases to a society's structure or a target audience.
- MSC foresees an objective fixation of the service's provision process.
- The MSC results are to become the foundation for specific actions (personnel education, enhancing the conditions of the service's provision, etc.), which is why it is recommended that the assessment is provided several times on different days and during different periods.
- The MSC has to be valid, i.e. it should assess specifically what it assesses.
- The MSC should be conducted ethically, which is why service providers have to know that their work may be evaluated via the "secret client" method. Obviously, it does not imply that the provider has to know the exact time and the identity of the secret client, but it is plausible to warn the personnel about the possibility of such an appraisal. The utilization of the providers' personal data, conditions of audio and video recording of the assessment should correspond to the legislative requirements of the given country. The MSC assessment should be safe for the secret client.
- The questionnaire has to be as objective as possible; it should focus, first of all, on what is going on and not on what the secret client feels. Nonetheless, certain fragments of the subjective evaluation of the secret client's satisfaction may be included into the questionnaire since it may help interpret the results better.

# Preparing for the Evaluation via the "Secret Client" Method

In the following chapters, we shall discuss the preparation for evaluation via the "Secret Client" method, taking the most demanded HIV-service among the MSM as an example - the HIV testing.

As a means of illustration, the case of the Zaporizhya Regional Charitable Foundation "Gender Z" will be used. It is a non-governmental LGBT-organization, which conducted a quality assessment of the provision of HIV consulting and testing for MSM in Zaporizhya district, Ukraine, in 2017. The evaluation was conducted within the framework of the "Qualitative Services Without Labels" project, which was realized with the financial aid from the Eurasian Coalition on Male Health (ECOM).

## Ways to Use the "Secret Client" Method to Assess the HIV Testing Services

Although the MSC principles remain unchanged, various ways of its utilization are possible (see Table 1).

The first option is classical, where secret clients who are not specialists in the given service field are used. The said option may be used for regular mass evaluations that are conducted in a limited time to avoid alterations in policies and procedures over time.

The second option (the expert one) foresees the utilization of secret clients who are specialists in the given service field themselves. Such an option is suitable for formative research because the number of experts is always limited and, therefore, it is impossible to cover a big amount of providers in a limited time.

*Table. 1 Main Characteristics of the MSC Assessment Options*

| Characteristics | Classical Option | Expert Option |
|---|---|---|
| **Predominant aim** | Regular assessment | Formative research |
| **Period of administration** | Limited | Longer period |
| **Quantity of secret clients** | Unlimited | Limited to the number of experts |
| **Questionnaire** | Maximum details | Rather general |
| **Preparation of the secret client** | Time-consuming, intensive | Short, negotiating general principles |

In the following chapters, we will stop at more details related to these options of MSC assessment.

## Preliminary Preparation of the Assessment

Indeed, the preliminary preparative work is a paramount step of the HIV testing service evaluation. Such preparation should include several steps.

**Step 1. Acquiring the Stakeholder Support.** The support of national and/or local stakeholders is detrimental both from the viewpoint of the organisation of the assessment process and from the one related to the consequential utilization of its results, i.e. realizing the steps to enhance the service's quality. In an ideal case scenario, stakeholders themselves should be the ones initiating such evaluations. However, if such initiatives are absent on the stakeholders' part, the initiator and leader of the administration of the HIV testing service quality assessment among MSM may be national or local MSM/ LGBT- or HIV-service organisations.

**Step 2. Defining Aims and Goals of the Assessment.** The main goal will be to enhance the quality of the HIV testing services for MSM, which is why, apart from the assessment itself, among other activities, it is plausible to foresee consequential steps to enhance the quality of services (e.g. personnel education/training or facilitation of testing points, etc.).

**Step 3. Defining the Objects of Assessment.** It is necessary to define which testing points will be evaluated. It may be an all-out or selective assessment. In the selective case, the distinction of testing points may be conducted either randomly or consciously, depending on the local circumstances. At the same time, it should be noted that certain testing points may be unavailable for testing, e.g. student OPDs (only the students of a respective institutions are serviced upon the student ID presentation), medical facilities within manufacturing companies, military stations and other objects with limited access.

> **"Gender Z" Case**
> *The LGBT- Organisation "Gender Z" (Zaporizhya, Ukraine) was the initiator of quality assessment of the HIV testing services among MSM in the Zaporizhya District, Ukraine. The assessment's facilitators acquired support from the Healthcare Department of the Zaporizhya District and the District Centre for Preventing and Fighting AIDS (AIDS Centre). The aim of the project, which received the name "Qualitative Services Without Labels," was defined as the securing of accessibility of qualitative HIV-services free of stigma and discrimination to the members of the LGBT community. Together with the district AIDS Centre, it was decided to conduct a mass quality assessment of HIV testing services across all publicly accessible HIV testing points. In addition to the assessment, the project included the provision of trainings for the medical staff, preparation of informational materials aimed at raising the LGBT-community's awareness of their rights in the medical services field, monitoring of human rights violations related to the LGBT during the reception of HIV services. The project was financed by MSMGF and ECOM.*

**Step 4. Budget Planning.** The budget should include means to pay for the work of secret clients, taking into consideration the mean time for a single testing point's evaluation and the number of assessed points, remuneration for consultants (if necessary), transport fees, questionnaire printing, costs for administering the project (head, secretary, financial manager, office rent, utility fees, other expenses, etc.), remuneration for conducting the analysis and report compilation, costs for distributing the results (conferences, round tables, press-releases, publication and mailing of the report, etc.) and, if it is stipulated, expenses for consequential steps related to the enhancement of the testing points' functioning: personnel education, facilitation of points, purchase of additional expendable materials, etc.

## Questionnaire and Assessment Scenario Preparation

The MSC questionnaire should be the reflection of the standards of the services provision. The standards for providing HIV testing services may be WHO Guidelines (e.g. Consolidated guidelines for HIV testing services, 2015 [19]), or those of other regional or national organisations (e.g. US CDC Recommendations for HIV Screening of Gay, Bisexual, and Other Men Who Have Sex with Men [20]), or national and/or local normative documents that define the provision of the HIV testing services for MSM. The most important condition of utilization of any normative document is its mandatory character and/or a consensus regarding the use of the given document as a normative one by all service providers, which are supposed to be assessed. For example, in Ukraine, at the moment, the national reglament establishes the provision of pre-testing consultation, although the WHO does not recommend its provision if a quick test is to be administered only. At present, a new national protocol is under development, where the pre-testing consultation will be substituted by information; however, while the national reglament requires the pre-testing consultation to be provided, the quality assessment should be conducted in conformity with its standards related to the given service.

The expert MSC option may include a rather general questionnaire since the secret clients are experts in the HIV testing service area themselves. If the classical option is opted for, the MSC questionnaire should be significantly more detailed with the use of simple variants for answers. For example, for the expert option, it is enough to include the question "Are the confidentiality requirements adhered to during the consulting and testing?" in the questionnaire. In the classical case, it is necessary to specifically define which requirements are forwarded to the securement of confidentiality during consulting and testing, e.g.:

- Consulting was provided in a separate cabinet - Yes/No.
- The cabinet's doors were closed - Yes/No.
- Only the service provider (doctor, nurse, or psychologist) was present in the cabinet, apart from the client - Yes/No.
- If there were other people present in the cabinet, who were they (choose all appropriate options) - Other medical workers/ Other patients, technical personnel of the facility (security guard, janitor)/ Other people
- Apart from the service provider and the client, how many other people were they in the cabinet - specify the number
- Could the other people see the quick-test's results? - Yes (describe how exactly)/No.
- Did the service provide announce the test's results in such a manner that third parties could hear the results? - Yes (describe how exactly)/ No

Special attention should be dedicated to such issues that are hard to formalize, for example, manifestation of a homophobic reaction at the coming-out moment in the provider's presence. If it is enough for an expert to include such a question in the questionnaire as "What was the provider's reaction to your coming-out?" with answer options in the form of a banal scale (e.g. 1 - highly dissatisfactory with express homophobic manifestations, 2 - dissatisfactory with significant homophobic manifestations, 3 - with certain homophobic manifestations, 4 - satisfactory with slight nonverbal homophobic manifestations, 5 - fully satisfactory without homophobic manifestations), then for a classical option, it is necessary to specifically describe possible manifestations of a stigmatizing homophobic reaction, for example:

- Did the service provider use homophobic, humiliating lexis (homosexual, faggot, etc.) - Yes/No
- Did the services provider express concern about the client's future («You'll end up living single forever» «How about having kids?,» etc.) - Yes/No
- Did the services provider try to persuade the client about the unnaturalness of homosexuality, including religious argumentation - Yes/No

- Did the services provider express remorse regarding the client's homosexuality - Yes/No
- Did the services provider express assuredness that the client's homosexuality was connected to their previous life background («You just haven't met the right woman») or the assuredness that the client will outgrow homosexuality - Yes/No
- Did the services provider's manner of speech change (began to answer in a manner-of-fact or, vice versa, became wordier) - Yes/No
- Did the services provider conclude any movements to distance themselves away from the client (set farther from the client, put on gloves, got up and washed/disinfected their hands) - Yes )describe)/No

It is suitable to allow the secret client to express their experience more broadly by putting an open-ended question: "Have you felt any other manifestations of homophobia/stigmatization on the provider's part? If 'yes,' describe."

All of the service's elements foreseen by the reglamenting document are detailed in a similar fashion. Nonetheless, the questionnaire itself may me not very long-up to 30 questions - to allow the secret client to remember all questions and provide a more concrete and objective report about the sequence of the provided service.

Overall, the assessment may cover such blocks of information:

1. Information about the medical facility/ testing point
2. Information about the service's provision at the registration/reception
3. Conditions of the service's provision
4. Personnel that conducts the service
5. Adhering to the confidentiality requirements
6. Comprehensiveness of the pre-testing consultation or information
7. Comprehensiveness and correctness of the provided answers
8. Reaction to the coming-out
9. Comprehensiveness of the post-test consultation
10. Overall impression of the received service

An example of a questionnaire to assess the HIV testing service for MSM, developed by "Gender Z," in includes in the appendices.

> **"Gender Z" Case**
> *It was decided to assess the HIV testing services via the expert MSC. Employees of organisations who had knowledge and skills in providing HIV testing services for MSM were invited as secret clients. Consequently, the questionnaire included rather general questions without excessive details; open-ended questions and banal grading scales are widely used due to which the utilization of the questionnaire requires a preliminary, deep trainingc (see Appendix 2).*

1. The questionnaire uses closed questions mostly, assessment elements are detailed as much as possible. The evaluation based on the questionnaire does not require any deep, special training.

While comparing the Appendices 1 and 2, the approach to conducting the MSC is clearly visible: the classical method foresees maximum details regarding every question and optimal use of closed (Yes/No) questions while the expert approach allows the utilization of more general and open-ended questions, banal grading scales, etc.

Simultaneously with the questionnaire's development, the assessment's scenario is created, too.

The assessment scenario should include the SC's legend and behavior in different situations that may arise during the evaluations administration.

The SC's legend includes information directly connected to the service that is to be evaluated, as well as it includes other incidental information.

In the case of assessing the HIV testing service's quality, the directly connected to the service information is the following data that is used by the service provide to evaluate the individual risk of getting infected with HIV:

1) Specifics of sexual behavior:
   a) number of sexual partners, including men, within the last six months;
   b) types of sexual contact that the SC practices with sexual partners, including men: oral sex, anal sex, other penetrating forms of contact (fingering, fisting, rimming, cunnilingus, dildo, other sex toys, etc.);
   c) peculiarities of sexual intercourses;
   d) history of traumas before and after sexual contacts (mucous membrane damage of rectus, mouth, skin integrity infringements and those of the genital area).
2) Information about the use of drugs and alcohol, cases of sexual contact under the influence of psychoactive substances, other risks related to drug use: utilization of common syringes/needles, peculiarities of the drug substances preparation (drugstore psychoactive substances or those that are handcrafted), possible use of blood while making a drug.
3) Information about blood transfusion, surgical operations, tattoos and piercings.
4) Special aspects of preventive measures use:
   a) utilization of barrier means of protection (condoms, femdoms, protective membranes during rimming, etc.) during various forms of sexual contact, the moment of condom utilization (during the first penetration or during the process), the possibility of getting of the pre-ejaculate on the skin, mucous areas, etc.;
   b) utilization of lubricants or their substitutes (saliva, cremes, oil);
   c) cases of fractures during the utilization of barrier means of protection (breakage, slipping off, etc.);
   d) utilization of non-barrier means of prevention (antiseptic or disinfectant types of chlorhexidine, miramistin), pre-exposure or post-exposure prophylaxis;
5) Information about sexual partners:
   a) Availability of other sexual partners for the SC
   b) HIV-status of the SC's sexual partners
   c) ART use, virus strain by HIV-positive partners

Additionally, the service provider may ask other questions necessary for the planning of an individual consultation. Answers to these questions should also be included in the SC's legend:

   d) reasons for turning in to receive testing
   e) levels of knowledge about HIV
   f) history of previous HIV testing and testing for virus hepatitis, STDS, including blood donation or other biological tissues (that include mandatory HIV testing)
   g) clinical manifestations of the most frequent opportunistic infections and diseases that accompany HIV: tuberculosis, frequent bacterial infections, Kaposi sarcoma, etc.)

Apart from this, it is vital to prepare the documentary evidence of the SC's right to receive the service (e.g. insurance) if such is required by the national legislation.

Depending on the local circumstances, the legend may require additional data. For example, if the testing is administered only upon the presentation of an ID, a question may arise about why the client does not undergo testing in their district of registration. There should be a ready answer in this case, including a specific real address of residence in the zone that is covered by the given medical facility. The latter part of the legend may be fluid, depending on the territory on which the assessment is conducted, although the principle should stay the same, i.e. at all points of assessment, the SC should act like a patient, registered on the territory of service, depending on the national legislative requirements..

> **"Gender Z" Case**
> *Since the assessment was conducted across the whole Zaporizhya district by two secret clients, the issue about their registration and residence arised in smaller regions of the district. The secret clients defined the address of residence beforehand in a specific zone, further enhancing the legend (came to visit the relatives, came for a holiday to the seaside, etc.).*

The scenario also includes main aspects of the SC's behavior during the administration of the assessment, including diverse potential options of circumstantial development.

For example:

The SC asks a question at the reception, "Where can I get tested for HIV?"

Option 1: the receptionist tells them the cabinet's number and the SC goes to the respective cabinet

Option 2: the receptionist answers that the facility provides no such service (although it does in fact); the SC's behavior will depend on the assessment's goals and agreements with the stakeholders. Here, other real options are possible, too:
- The SC documents the impossibility to get tested for HIV
- At the reception, the SC says that they heard that the facility provides such services (e.g. heard over the radio/TV/ read in the newspaper or on the website), insisting on receiving them
- The SC, knowing in fact where they get tested for HIV, documents the absence of relevant information at the receptionist and goes to the respective cabinet by themselves

It is important that all SCs abide by the same scenario in a given case since the assessment's results have to be standardized.

> **"Gender Z' Case**
> *As it was mentioned above, options of behavior in different situations are defined at the negotiation stage of the assessment together with the stakeholders. For instance, during the assessment that was administered in Zaporizhya district in 2017, if the secret client was informed by the receptionist that they cannot receive HIV testing in the facility (although the service was provided there in fact), the SC documented the denial to get tested and concluded the assessment. In a follow-up research in 2018, upon the request on of one of the assessment's initiators (The District Centre for Preventing and Fighting AIDS), the SC's behavior scheme was altered: the SC, despite the denial at the reception, was to achieve the administration of HIV testing in the given facility.*

Another situation where the scenario has to be perfected in the coming out moment.

For instance:

Option 1: the provider conducts a full pre-testing consultation, including questions about risky forms of behavior, and then, the SC informs about them having unsafe sex with men

Option 2: the providers conducts the consultation but does not specify the client's personal risks; the SC's behavior may differ, depending on the assessments aims and agreements with the stakeholders:
- the SC documents the absence of evaluation of personal risk factors and asks about risky forms of behavior by themselves, mentioning men as sexual partners (if the evaluation of homophobia and stigma levels is more important)
- the SC documents the absence of evaluation of personal risk factors and does not come out (if the consultation quality assessment is more important)
Option 3: the provider does not conduct any consultation at all; subsequently:
- The SC documents the absence of consultation but asks about the risky forms of behavior themselves, mentioning men as sexual partners (if the evaluation of homophobia and stigma levels is more important)
- The SC documents the absence of consultation and does not come out (if the consultation quality assessment is more important)

Again, it is paramount that all SCs act in the same way in all healthcare facilities based on a single standard; only then the assessment will be standardized and comparable to various healthcare facilities.

An example of a scenario is provided in Appendix 3.

## Selection of Secret Clients

For the expert MSC option, the selection is conducted from a pool of experts. For the classical option, the secret clients may be presented by special marketing or sociological companies or they may be selected from the community.

Certain requirements should be kept in mind while selecting the secret client:

- Correspondence of the SC to the sociodemographic characteristics of the scenario. For example, while assessing the HIV testing service quality in a student ODP or clinic, friendly youth, an elder SC will rather appear suitable.
- Good memory, ability to notice details. It is vital that the SC notices and remembers all details related to the assessment while avoiding personal interpretation.
- Objectiveness. It is important that the details, which the SC has to study, are evaluated objectively, independent from their relation to the services provider and other circumstances.
- Low-key, unmemorable appearance
- Natural behavior under the conditions of secret shopping
- Ability to follow instructions strictly. The SC should not provide an actor-like interpretation of their role because all SCs at all assessment points should behavior in a standard fashion
- Ability to quickly adjust to the situation. Sometimes, the situation during the assessment develops outside the scenario and then, the SC should be able to adjust to the situation and direct it in such a fashion that will allow to harness the maximum out of the service's evaluation

- Honesty, reliability and responsible attitude to the established goal
- Stress resistance
- Ability to come out multiple times in front of medical workers, even in confidentiality breach cases

It is important to select secret clients that are not familiar with the medical staff. For example, it is not recommended to select secret clients from members of organisations that have conducted trainings for the medical staff or from celebrities.

## Подготовка тайного клиента

During the training, it is necessary to achieve that every SC exhibits:

- Realistic role-playing of a patient.
- Corresponding, realistic and unflawed answers and reactions to possible questions and actions of the services provider in conformity with the developed legend.
- Precision and diligence of observation of the services provider's actions, as well as those of other staff members related to the provision of the service (registration/ receptionist, medical technician/ laboratorian, psychologist, etc.).
- Careful filling in of the questionnaire.

It is advisable to train slightly more SCs than it is planned to use for the assessment manager to have some SCs in reserve. It will allow to adhere to the assessment's schedule, despite unforeseen circumstances.

The SC training during an expert MSC is decreased to a minimum. It is enough to discuss the criteria for assessment with all experts, especially if banal grading scales are used; learning the legend and getting acquainted with the questionnaire's form will suffice.

In a classical option, the SC has to be provided with the object of assessment and standards of service.

Further, the SC should be acquainted with the legend; every SC should be able to recap the legend fully and partially from any of its part of sequence, in order to avoid confusion during its retelling and create singular conditions for all healthcare facilities. At the same time, the recited legend should not sound as if memorized.

It is important to rehearse various options of circumstantial development with each SC while trying to achieve a precise adherence to the assessment's scenario by every SC.

Further, the questionnaire should be studied in detail with every SC. It is mandatory that every SC remembers all questions in the questionnaire and can maneuver themselves in the latter freely, including cases when the chronology of events will differ from that which is outlined in the questionnaire.

Role-playing games are an effective means of educating the SC, in other words, the assessment scenario's elaboration under the conditions of imitating the real process of the service's provision.

The approximate plan for SC training is outlined in Appendix 4.

## Conducting the Assessment

While conducting the assessment, it is important to plan the strain distributed among the SCs; they should be allocated to healthcare facilities while keeping the transportation time in mind. On average, it takes up to 3 hours (excluding transportation time) to assess a single healthcare facility in district centre. While evaluating facilities in peripheral or distant areas, depending on the transport link, the assessment of a single healthcare facility may take up to 1 or even 2 days. Overnight lodgings should be foreseen beforehand in such cases.

At the field stage of assessment, it is paramount to control the quality of the performed work, to demand that SCs fill in the questionnaires immediately after the healthcare facility's attendance with aim of acquiring the most detailed information. The project's representative, which is responsible for data collection and quality, has to study every filled-in questionnaire right after its completion and, if it become necessary, specify the information with SC's help, including personal interviews.

## Analysis and Distribution of Results

Analysis of the acquired results is conducted by means of descriptive statistics methods:

- the share of testing points where the service adhered to the standards is computed (according to every block and every separate question)
- if grading scales are used – the mean value is computed for every score
- answers to open-ended questions are analyzed as qualitative data (e.g., thematic analysis).

In the final report, it is necessary to reflect the number of assessed facilities, during which period the assessment was held, how many secret clients were involved. Then, one has to analyze the assessment's results and provide recommendations for the enhancement of the service's quality, overriding manifestations of homophobia, stigma, and discrimination during the reception of medical services.

Reports have to be distributed among stakeholders; in a perfect scenario, asking to conduct the respective events immediately. If suitable, the assessment's results may be made public via mass media.

**"Gender Z" Case**

*An analytical report had been compiled based on the assessment's results and was later presented at the District Healthcare Department.*

*Under the aegis of the District Healthcare Department, on December 7, 2017, a round table was conducted at the Zaporizhya district AIDS Centre, where representatives of the healthcare department of the Zaporizhya district administration, Chief Physician of the district AIDS Centre, heads of concerned NGOs, representatives of various medical facilities and LGBT-community - 26 participants in total - were present. The monitoring results were presented during the round table and the main problems were voiced, as well as five best facilities were named, which, based on the monitoring, provided comprehensive and qualitative consultations. These facilities were awarded credentials and memorable presents. (http://genderz.org.ua/yakisni-poslugi-bez-yarlikiv-v-zaporizhzhi-vidbuvsya-krugliy-stil/).*

*After studying the results of "Qualitative Services Without Labels," the Director of the Healthcare Department sent out letters to heads of district healthcare facilities, heads of healthcare departments/divisions of city councils, chief physicians of central regional hospitals, centres of primary medical aid and territorial medical associations in Zaporizhya district with a short information about the research results and recommendations for enhancing the HIV testing services quality. Particularly, the letter notes that members of "Gender Z" conducted 95 visits to healthcare facilities in Zaporizhya district: services were provided only in 31 facilities and only 26 facilities abided by the confidentiality requirements. The behavior of medical staff in 12 facilities was*

*evaluated as "hostile" and as "neutral" in 14 facilities. The level of consultation was assessed as "qualitative and professional" only in testing points.*
*63 facilities denied conducting a checkup, and 9 medical facilities redirected the secret clients to commercial laboratories to undergo testing.*
*The research results were published in mass media: https://www.061.ua/news/1879014*
*In July 2017, posters with information about the importance of awareness and documentation of stigma and discrimination in medical facilities was placed in all treatment-and-prophylactic facilities in Zaporizhya district that provide HIV testing services.*
*Medical workers, who were covered by the assessment, received additional training on peculiarities of HIV consulting and testing among MSM. Notably, 5 one-day trainings called "Peculiarities While Consulting MSM" were conducted for medical specialists. 107 people participated in the trainings. Participants were presented with information about sexual orientation and politically-correct lexis related to the LGBT; problems that the LGBT face during a doctor's attendance and in the public were discussed; with the help of exercises, the information that encourages a more tolerant attitude of medical workers to the representatives of the LGBT community was elaborated. Also, the MSM consultation algorithm was created. During the training, lectures-presentations, interactive lectures, discussions, and exercises were used. "Living books" - representatives of the LGBT community - took part in every training, where they answered actual questions and enhanced the digestion of theoretical material. (http://genderz.org.ua/usi-mayut-pravo-na-medichnu-dopomogu-v-zaporizhzhi-medikiv-navchali-tolerantnosti/).*
*The Public Organisation together with the district AIDS Centre plan to conduct another quality assessment of HIV testing services in a year.*

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# Secret Client Questionnaire Template during a mass quality assessment of HIV testing services for MSM (while providing pre-testing consultation)

Name of the healthcare facility/ testing point

Address of the healthcare facility/ testing point

Data of the assessment

Time of the assessment's commencement

Time of the assessment's conclusion

## Registration/ reception

**1. For the question on where to get tested for HIV:**

a) Receptionist informed where to get tested for HIV
b) Receptionist informed that one cannot get tested for HIV in the facility ⇢ 2
c) Receptionist informed that one cannot get tested for HIV in the facility and gave the address of a facility where it can be done for free ⇢ 2
d) Receptionist informed that one cannot get tested for HIV in the facility and gave the address where it can be done for a fee ⇢ 2
e) Receptionist had no information on HIV testing and asked their colleagues about it ⇢ 2
f) Receptionist had no information on HIV testing and did not provide further information to the client ⇢ 2

**2. At the client's bidding, the receptionist:**

a) Asked their colleagues to specify the information
b) Denied specifying the information

## Conditions for providing the services

**3. Pre-testing consultation service was provided**

a) Yes b) No

**4. Pre-testing consultation service was provided by:**

a) Doctor
b) Nurse
c) Psychologist
d) Social worker
e) Occupation unknown (was not introduced)

**5. Provider's full name (specify if the name was not given)**

**6. Pre-testing consultation was provided::**

a) In the doctor's cabinet
b) In the corridor
c) In the procedure room
d) In another place (describe)

_____

_____

**7. Testing was conducted with the help of:**

a) Quick tests
b) Blood taken for IFA
c) Was not conducted

## Conformity to Confidentiality Requirements

**8. Consultation was conducted in a separate cabinet**

a) Yes b) No

**9. Cabinet doors were closed**

a) Yes b) No

**10. Only the services provider - doctor, nurse or psychologist - was present in the cabinet, apart from the client**

a) Yes b) No

**11. If other people were present in the cabinet, who were they (choose all suitable options)**

a) Other medical staff
b) Other patients
c) Facility's technical staff (security, janitor, technical workers)
d) Other individuals

**12. Apart from the client and services provider, how many other people where present in the cabinet? – specify the number _____**

**13. Could other individuals see the quick test's results?**

a) Yes (describe how)

_____

_____

b) No

**14. Did the services provider inform about the test's results in a manner that allowed third parties to hear about it**

a) Yes (describe how)

_____

_____

b) No

## Pre-testing consultation comprehensiveness

**15. Services provider informed about the possibility of HIV transmission through non-sterile instruments, including syringes and needles during the use of injection drugs**

a) Themselves
b) After the client inquired
c) Did not inform

**16. Services provider informed about the possibility of HIV transmission during unsafe sex**

a) Themselves
b) After the client inquired
c) Did not inform

**17. Services provider informed that the right utilization of condoms almost fully secures the protection from HIV**

a) Themselves
b) After the client inquired
c) Did not inform

**18. Services provider informed about the necessity of water-based lubricant utilization together with condoms**

a) Themselves
b) After the client inquired
c) Did not inform

**19. Services provider specified that there is a possibility of post-exposure prophylaxis and named the conditions for its reception (risky behavior is not permanent)**

a) Themselves
b) After the client inquired
c) Did not inform

**20. If the country has integrated the pre-exposure prophylaxis: Services provider specified that there is a possibility of pre-exposure prophylaxis and named the conditions for receiving PrEP (risky behavior is permanent)**

a) Themselves
b) After the client inquired
c) Did not inform

**21. Services provider specified whether the client practiced unsafe anal or vaginal sex**

a) Themselves
b) After the client's probing question
c) Did not inform

**22. Services provider specified whether the client practiced sex with men**

a) Themselves
b) After the client inquired
c) Did not inform

**23. Services provider specified the client's number of sexual partners**

a) Themselves
b) After the client inquired
c) Did not inform

**24. Services provider specified the forms of sexual practice, which the client resorted to**

a) Themselves
b) After the client inquired
c) Did not inform

**25. Services provider specified whether the client used non-barrier methods for protection from HIV-infection (pre- or post-exposure prophylaxis, viricide)**

a) Themselves
b) After the client inquired
c) Did not inform

**26. Services provider specified the client's testing history**

a) Themselves
b) After the client inquired
c) Did not inform

## Reaction to coming-out

**27. Did the services provider use homophobic, humiliating lexis (homosexual, faggot, etc.)**

a) Yes b) No

**28. Did the services provider express concern about the client's future («You'll end up living single forever» «How about having kids?,» etc.)**

a) Yes b) No

**29. Did the services provider try to persuade the client about the unnaturalness of homosexuality, including religious argumentation**

a) Yes b) No

**30. Did the services provider express remorse regarding the client's homosexuality**

a) Yes b) No

**31. Did the services provider express assuredness that the client's homosexuality was connected to their previous life background («You just haven't met the right woman») or the assuredness that the client will outgrow homosexuality**

a) Yes b) No

**32. Did the services provider's manner of speech change (began to answer in a manner-of-fact or, vice versa, became wordier)**

a) Yes - describe

_____

_____

b) No

**33. Did the services provider conclude any movements to distance themselves away from the client (set farther from the client, put on gloves, got up and washed/disinfected their hands).**

*Attention! Disinfecting hands before and after the testing and using gloves during the testing itself (working with the client's blood) is not considered a homophobic act*

a) Yes - describe

_____

_____

b) No

**34. Did you feel any homophobic attributes coming from the provider**

a) Yes - describe

_____

_____

b) No

**35. Assess the quality of HIV consulting and testing overall on a 5-grade scale, where 1 is very bad, 5 – very good**

# Expert Assessment Form

☐ 1 – Zaporizhya
2 – Zaporizhya district

Date and time _____

**Form**
**for the "Quality Services Without Labels" project's consultant**

**1. Full name, consultant's signature** _____

**2. Name of the healthcare facility** _____

_____

**3. Address of the healthcare facility** _____

_____

**4. Does the reception know where one can get tested for HIV?**

☐ Yes ☐ No

**5. Who conducted the test, full name, occupation** _____

_____

**6.If the doctor on duty denied consulting and testing the person for HIV. Try to find out the reason for denial** _____

_____

_____

**7. How long did the attendance last?** _____

**8. Did you see IEM on HIV/MSM in the facility? (if "yes" – describe where at the end)**

☐ Yes, HIV and MSM ☐ Yes, HIV ☐ No

_____

_____

**9. Which test did you take?**

☐ Express testing ☐ IFA

**10. Was the testing for free, were you asked to pay for it?**

☐ Demanded expendable materials (alcohol, etc.)

☐ Testing was for free

☐ Money were asked for: _____

**11. Were the confidentiality requirements adhered to during the testing?**

☐ Yes ☐ No

**12. What was the doctor's reaction to your coming-out?? (1 – highly negative, 5 – totally satisfactory, describe)**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

_____

_____

_____

**13. Did the doctor ask you about your sex practices and being an MSM?**

☐ Yes ☐ No

**14. Did the doctor answer your specifying questions regarding HIV/MSM/sex practices/ risks?**

☐ Yes, full answers ☐ Yes, partially ☐ No

**15. Risk of HIV transmission during oral sex:** _____

_____

_____

**16. Risk of HIV transmission during anal sex:** _____

_____

_____

**17. What types of condoms should be used during an oral or anal sexual intercourse:**

_____

_____

_____

**18. Which organisations offer services to MSM?** _____

_____

_____

**19. What was the doctor's reaction to questions about HIV/MSM/sex practices/risks?**

☐ Friendly ☐ Hostile (describe)

_____

_____

_____

**20. Describe how much satisfied you are with the following aspects of the doctor's attendance procedure (1 – fully dissatisfied, 5 – fully satisfied)**

Politeness _____ Friendliness _____ Utilization of politically correct lexis _____

**21. Assess how much you are satisfied with the attendance overall (from 1 to 5)?**

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

**22. Other observations, additional information, PCT** _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

# Example of a scenario of assessing the quality of HIV testing while providing pre-testing consulting

**Notice:** *The following is only an example of a scenario. In every individual case, the scenario may be formatted based on the aims of assessment and local circumstances.*

## The Secret Client's Legend

***Independent variables***

Man, full name. If a single database of HIV testing is used on the given territory, change at every point. 21-years-old (specific and full birth date).

Has been having sex with men regularly since 16-years-old (first contact). There was one permanent and seven accidental partners within the last six months. Has sex twice a week with the permanent partner, three-four sexual acts per day. The permanent partner is bisexual, married. Appears healthy. The SC somehow did not think about the availability of other sexual partners - men or women (apart from his wife) - in his permanent partner's life.

The SC gets to know the accidental partners on the Internet and meets them at their place. They have sex 5-6 times.

The SC never had sexual contact with women. He has never received paid sexual services. He has oral and anal sex with all partners in active and passive ways. He is unaware about the HIV status of his accidental partners.

He has unsafe oral sex with all his sexual partners (in any sexual role). Accepts and ejaculation and swallows it.

The SC practices unsafe anal sex with his permanent partner; the anal sex is always safe with his accidental partners. He puts the condom on by himself and demands his partners to put on the condom until the first anal penetration occurs. Ejaculates himself and allows his partners to ejaculate while the penis is still inside the anus. Sometimes he accepts the ejaculation of his partners on his face. He does not use lubricants since he thinks that they decrease satisfaction during the sexual intercourse. He uses his or his partner's saliva as a lubricant. He does not use sex toys. He never noticed any trauma of his rectus' mucous membrane. He was never diagnosed with any STDs.

The SC does not use any psychoactive substances, except alcohol.He sometimes has alcoholic drinks before sex: a few glasses of wine or up to one litre of beer. He dislikes strong alcoholic beverages.

The SC turned to receive HIV testing because he had experienced an instance of unsafe anal sex with a random partner. He is unaware of the HIV status of this partner. The intercourse happened a month ago. The SC was in the passive role when the partner's condom accidentally came off during the ejaculation and the sperm got into his rectus. He irrigated his rectus in four hours with a Miramistin solution (one flask - 50 ml - injected into his rectus via enema). The SC is concerned about this case, and that is why he has turned to receive HIV testing since he wants to preserve his health and that of his permanent partner.

Knowledge about HIV:

- Knows that HIV is an infection that can be transmitted during anal sex with a men and that condoms have to be used.
- Knows that HIV is not transmitted during routine contacts.
- Uses "HIV" and "AIDS" as interchangeable terms; does not use the term "HIV-infection."
- Thinks that is the partner is permanent, married and seems healthy then he is not infected.
- On the Internet, he leaned that one has to administer a Miramistin solution enema after sex and that will prevent one from getting infected with AIDS. However, he does not fully believe that.
- He has no other knowledge about the HIV-infection.

He was never tested for HIV. He has never suffered from Hepatitis or STDS; he does not know whether he was tested to Hepatitis B and C. He never received blood transfusion. He had his appendix removed at the age of 7. He donated blood once last year.

He denies having such symptoms as losing weight, Bowel disorders (loose), constantly increased body temperature, drenching sweat, shivers, frequent pulmonary fevers, appearance and grows of moles or other skin defects. He does not have any concerns about his health at all.

If needed: He owns a medical insurance (if there is a necessity to present it).

_____

***Dependent variables***

Full name - should be changed if the territory uses a single database of HIV testing. If the testing service is provided only upon the presentation of an ID - do not change.

If testing is not anonymous: Address of residence (indicate the specific address of the house and suite); if the medical service is provided solely to persons that live on the territory of service - an explanation about why they are not registered on the respective territory should be received (rents a flat as a student, came on vacation to visit parents, etc.)

## Assessment's Algorithm

**ATTENTION!** The assessment's algorithm strictly depends of the goals of assessment and it should be developed in a tight correspondence with the stakeholders.

### Registration/reception

The SC turns to the registration/ reception with an inquiry to receive HIV testing:
"Hello! I want to get tested for HIV. How can I do that?"

**Option 1**

The registration/ receptionist informs how and where one can get tested for HIV ⇢ TThe SC continues their assessment in the testing point

**Option 2**

The registration/ receptions informs that the facility does not provide HIV testing ⇢ The SC says, "But I've heard - from whom specifically or read where specifically - that one can get tested for HIV in your facility/ any OPD/ any doctor/ your board on information says that (depending on the local circumstances) ⇢ depending on the registration's/ receptionist's answer, continues to try and receive the response to the question where to receive the test and receives the necessary information ⇢ The SC continues the assessment in the testing point.

**Option 3**
The registration/ receptionist informs that the facility does not provide HIV testing and redirects him to a commercial laboratory ⇢ The SC denies, "The laboratory provides paid testing and I've heard - from whom specifically or read where specifically - that one can get tested for HIV at your facility/ any OPD/any doctor/ your board of information says (depending on the local circumstances) for free ⇢ depending on the registration's/ receptionist's answer, continues to try and receive the response to the question where to receive the test and receives the necessary information ⇢ The SC continues the assessment in the testing point.

**Option 4**
Following the Options 2 and 3 up, the SC does receive the necessary information ⇢ goes to the testing point on their own and continues the assessment.

**Testing point**
The SC greets the services provider (doctor, nurse, psychologist or other specialist) and informs them that he wants to get tested for HIV.

**Option 1**
The providers commences the pre-testing consultation and asks about the reason for the SC's desire to receive HIV testing. The SC informs about the unsafe sex incident. ⇢

Option 1.1. The services provider continues to specify the circumstances of the unsafe sex, asking about who the partner was, which kind of sex it was, etc. ⇢ The SC informs that it was anal sex with a man, observing the presence/absence of a homophobic reaction. Then, continues to answer the questions in conformity with the legend.

Option 1.2. The services provider does not specify the circumstances of the sexual intercourse, presenting the general information about the HIV-infection and prevention methods. If the provider, while delivering the information about risky forms of sexual behavior, constantly speaks only about heterosexual contacts, the SC, during the conversation, informs that he has sex only with men, observing the presence/absence of a homophobic reaction. Then, continues to answer the questions in conformity with the legend.

**Option 2**
The provider does not provide pre-testing consulting, immediately redirecting the SC to receive testing/ administers the test (depending on where the testing is held specifically). The SC says that he has a few questions and informs (based on the legend) that he had anal sex with a man, during which the condom came off accidentally after which (in 4 hours) he irrigated the rectus with a Miramistin solution via enema. The SC asks to assess the level of risk of getting infected and what should be done in such cases. Simultaneously, the SC observes the presence/absence of a homophobic reaction. Then, the SC continues to answer the questions in conformity with the legend.

## General guidance regarding the consequent behavior of the SC

In the instance of presence of a homophobic reaction on the provider's part, the SC does not engage in the dispute, halting all conversations regarding his private life, which are not connected to risk assessment, using the words like, "If it is possible, I don't want to discuss issues regarding my sexual orientation; let us return to questions about safety during sex."

If the provider denies administering the test after the coming-out, the SC insists on his right to get tested, "Even if I have sex with men, I have the right to receive HIV testing." If the provider denies administering the consultation and test nevertheless, the SC says goodbye to the provider and leaves.
If the provider provides false or deceitful information during the consultation, the SC does not react to it, accepting all information received from the provider.
After having conducted the assessment, the SC fills in the questionnaire, answering all questions with maximum sincerity.

# Approximate Plan for SC Preparation for Assessing the HIV Testing Services Among MSM

1. General information about the HIV-infection: terminology, etiology, pathogenesis, ways of transmission..
2. General information about HIV-infection diagnosis: methods of laboratory discovery of the HIV-infection (testing via quick tests, IFA, PCR).
3. The sequence of HIV testing (pre-testing consultation, testing, post-testing consultation).
4. Basic information about sexual practices among MSM.
5. Assessment's aims and goals.
6. The secret client's legend.
7. Assessment's scenario.
8. The secret client questionnaire.
9. Conducting the assessment and filling in the questionnaire upon its results.
10. Practical drill of conducting the assessment (role-playing games).
11. Appraisal of the secret clients' readiness.


*Eurasian Coalition on Male Health*

**Евразийская коалиция по мужскому здоровью (ЕКОМ)**
Eurasian Coalition on Male Health (ECOM)

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